REQUEST FOR CRISIS PURCHASE OF SERVICE Pro-**PURSUANT TO SECTION 103F-406, HRS**

Chief Procurement Officer To:

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Health/Developmental Disabilities Division
Department/Division/Branch/Office/Program From:

Pursuant to Section 1951 406, HRS, and Chapter 3-147, HAR, the Department Head has determined a crisis condition exists and requests approval to make a crisis purchase for the following:

Title and description of health and human service(s):

Transitional residential support services for an adult female with developmental disabilities/mental retardation, psychiatric disorder, with challenging behaviors: Individual had been hospitalized for an extended period of time (beyond the normal period for the injury). These residential services need to be provided under a quasi-medical behavioral model whereby the individual's services are directed by the behavior support plan. Due in part to the nature of the individual's needs, service requirements also include documentation of plan implementation and modifications as well as staff training for implementation.

These are transitional services to stabilize the behaviors to assure health and well being before utilizing personal assitance, habilitation, and specialized services (behavioral supports) as provided under the Home and Community Based Services - DD/MR Medicaid waiver program.

Provider Name:	Contract Amount:	
BCP, Inc. dba Nursefinders of Hawaii	\$300,000	
Provider Address:	Term of Contract:	
1100 Ward Avenue, Suite 770	From:	To:
Honolulu, HI 96814	May 12, 2005	August 31, 2005
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Nature of the crisis condition (pursuant to section §3-147-201, HAR):

The individual sustained injuries which required hospitalization, however, she remained in the hospital significantly more than the usual and cus@mary period. Hospital demanded that the Department of Health Developmental Disabilities Division find a residential option for the individual immediately. DOH adminstrators intervened with the guardian to negotiate an interim arrangement whereby the individual would be supported without jeopardizing health and safety in the residential placement of the guardian's choice (Maui); because the individual has been adjudicated as incapacitated, it is only the guardian who can make decisions on her behalf so that the Department must comply with those decisions, particularly with respect to residential placement. Because of her presenting conditions (which had been exacerbated by her hospitalization), particularly her challenging behaviors (including aggressive/assaultive behaviors), the Department, agreed to provide 1:1 and 2:1 personal assistance supports directed by a behavior team to ensure her health and safety during her transition to Maui. Initially, this team is expected to be available, on-call, to address her challenging behaviors and it is anticipated that communications between team members, case manager, and guardian will be intense - beyond what is normal. Furthermore, as the individual resides on a neighboring island without immediate access to crisis resources on Oahu, it is essential that stabilization of behaviors occur as soon as possible.

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Reason for selection of provider (including description of practicable competition): Because of the residential location on Maui, there are limited contracted Medicaid waiver providers with both the expertise and trained staff to implement and monitor behavior support plans; it is the Department's intent to transition from use of 100% state dollars to Medicaid waiver funding once the crisis has stabilized. The provider selected by the guardian (as is required under Medicaid waiver regulations - freedom of choice) has staffing and experience to provide the required services and will transition to Home and Community Based Services - DD/MR Medicaid waiver funding.

For requests made after the purchase, explanation why it was not practicable to request approval prior to the purchase:

Staff had been working with the guardian to locate residential options. However, guardian had deferred decision making and had objected to options (licensed/certified settings on Oahu) presented. In the interim, hospital called the Department to notify the Department of the imminent discharge. Departmental administrative decisions were then made to meet hospital demands as well as client's needs and guardian's choices/decisions.

Crisis purchases of service are limited to current needs only. Justification for length of contract: Contract is limited to transition period from May through August, 2005. Due to the dearth of available and appropriate resources on Maui, transition period is needed to ensure stabilization.

Description of the state agency's internal controls and approval requirements for the purchase: Department of Health has limited providers who have contracts with the Department of Human Services as Medicaid waiver providers. Furthermore, given the nature of the situation, selected provider must additionally have expertise and staffing to fulfull requirements and be able to provide services on Maui. The Department also was required to respect freedom of choice requirements under the Medicaid program.

A list of state agency personnel, by position title, who will be involved in the approval process and administration of the contract:

Dr. Linda Rosen, Deputy Director, Health Resources Administration, Department of Health

Dr. David Fray, Chief, Developmental Disabilities Division

Direct questions to (Name and Position):

Trudy Murakami, Public Health Admin. Officer, Developmental Disabiliteis Division

Dr. David Fray, Chief, DDD	586-5840	dffray@mail.health.state.hi.us
I certify that the information provided	above is to the best o	f my knowledge true and correct.
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Départment Head Signature Lo	Date	
Chiyome Leinaala Fukino, M.D.	Director of H	Iealth
Typed Name	Position Title	

Phone Number:

e-mail Address:

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Chief Procurement Officer's Comments:	
Please ensure adherence to applicable administrative requirements.	
Approved Denied Duth	7/18/05
ChiefProdurement Officer	Date I